CHILD SURVIVAL XIV

ADRA MADAGASCAR

Project # FAO-A-00-98-00042-00

Annual Report
1999 – 2000

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ABBREVIATIONS / ACRONYMS

ADRA	Adventist Development and Relief Agency
ASOS	Action Santé Opération Secours
AVA	Polio vaccination campaign (Andron' ny Vaksiny)
BHR	Bureau for Humanitarian Response
CDD	Control of Diarrheal Disease
CISCO	District Education Department (Circonscription Scolaire)
CS	Child Survival
CSB	Community Health Center (Centre de Santé de Base)
CTC	Child-To-Child
CVA	Village Animation Committee (Cellule Villageoise d'Animation)
DDP	District Development Plan
DIP	Detailed Implementation Plan
DIRDS	Regional Health Directorate (Direction Inter Régionale du Développement Sanitaire)
EMAD	District Management Team (Equipe de Management District)
EPI	Expanded Program of Immunization
FP	Family Planning
HIS	Health Information System
HPN	Health, Population, Nutrition
HQ	Headquarters
IEC	Information, Education, Communication
IMCI	Integrated Management of Childhood Illness
ITEM	Institut de Technologie de l'Education et du Management
JSI	John Snow International
MCDI	Medical Care Development International
MCH	Maternal and Child Health
MIS	Management Information System
MOH	Ministry of Health
MOU	Memorandum of Understanding (with the MOH)
NAC	Nutrition à Assise Communautaire
NGO	Non-Governmental Organization
PSI	Population Services International
PVC	Private and Voluntary Cooperation
SEECALINE	Surveillance et Education des Ecoles et des Communautés en matière d'Alimentation et de Nutrition Elargie
SSD	District Health System (Service de Santé de District)
STI	Sexually Transmitted Infections
TCSP	Toamasina Child Survival Project
TIPs	Trial of Improved Practices
USAID	United States Agency for International Development
ZAP	Zone d'Administration Pédagogique

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EXECUTIVE SUMMARY

The second year of the USAID funded Child Survival XIV project being implemented by ADRA Madagascar in the Toamasina II district of eastern Madagascar, ended September 30, 2000. The project has passed the critical launch period, and is now firmly established in its collaboration with the Ministry of Health counterpart – the SSD. This past year has been marked by a number of events that have affected the progress of the project to different extents.

The cholera outbreak occurred in the west coastal region of Madagascar towards the end of 1998, quickly moved into areas that parallel the movement of people and the climate on the east coast. Despite the measures taken by the Ministry of Health, the epidemics reached Toamasina II district in March 2000. The situation affected the project activity planning because the cholera outbreak became the public health priority. Under the directives from the Ministry of Health, most of the health district resources were assigned to the control of cholera. The project, because of its support role for the health district, was also obligated to participate in this action, providing training for health and community personnel, and the provision of small CDD-related equipment that could also be used for setting up cholera treatment centers in the Toamasina II district. Meanwhile, in order to ensure all health center services were available at all times, the Ministry of Health declared that all formal trainings targeting the health personnel are forbidden. The implications for the NGO community have been enormous. In response, and recognizing the need to continue capacity building at the district levels, the Ministry is now promoting what is called "assisted self learning" and has started to develop a curriculum for each of the health services components. This decision has affected greatly the project activities regarding the personnel at the health center level. In response, the TCSP has tried to focus the activities more on community approaches, and an enhanced role for in-the-field supervision.

As management support is one the most important parts of the project, related activities targeting the health district technical staff have been implemented including an annual planning workshop and program management trainings. Moreover through regular EMAD meetings, the SSD has begun to develop a better team spirit in dealing with the workload through a more productive management team, which now includes a newly appointed deputy chief.

In expectation of partnerships with international donors, the Ministry of Health has notified all the health districts in Madagascar to design a three-years district development plan (2001-2003). Thus, the project has organized a DDP workshop with the health district of Toamasina II that involved different sectors (education, agriculture, administration, energy, communes). The project activities for the next two years have been included in this development plan.

The project has also been affected by the vacancy of the nutrition advisor position since the mid of the fiscal year. The nutrition activities only restarted during the last quarter of the fiscal year two, after eventually finding and appointing a new advisor. To help catch-up on time lost, a nutrition field-assistant was also hired at this time, so that the work in the field could be maximized with the nutrition team.

Through the excellent working relationships between the SSD and ADRA, the project is trying to give opportunities to the SSD technical staff to initiate activities according to the annual action plan, which also includes the TCSP activities. Despite unforeseeable events that affected the project activities, a good team spirit now binds the SSD and ADRA. In spite of

the constraints that arose along the way, these two partners have developed a good working relationship, partnering in collaboration in order to face the challenges encountered in their day-to-day work.

CRITICAL EVENTS IMPACTING THE PROJECT

- ***October 1999:***
  - *The Project office moves into office facilities shared with the SSD.*
  - *The MOH appoints eight new physicians for some CSBs in Toamasina II*
- ***March 2000:***
  - *The cholera out break reaches the Toamasina Region*
  - *All formal trainings targeting CSB agents are forbidden by the MOH*
  - *The project Nutrition Advisor resigns due to ill health.*
- ***April 2000:***
  - *A new Adjoint Technique is appointed for the SSD Toamasina II*
- ***May 2000:***
  - *Regional Nutrition Day organized in Ampasina Maningory on May 18.*
- ***June 2000:***
  - *The Grand Immunization Campaign starts with full TCSP involvement.*
- ***July 2000:***
  - *SSD and TCSP staff develop the District Development Plan 2001-2003*
  - *New Nutrition Advisor and Nutrition Field Assistant employed.*
- ***August - September 2000:***
  - *CSB Audits (cost recovery, logistics, infrastructures)*

ACCOMPLISHEMENTS:

1. Activity Planning

After the DIP revision process, the revised DIP was submitted to USAID/BHR/PVC in December 1999 and approved in February 2000. Since then, the project has accordingly implemented all activities in collaboration with the SSD staff.

In January 2000, the project organized a three-day workshop with the SSD management team in order to develop an annual work planning that included all the project activities. In addition, the SSD organizational flow chart and the schedule for meeting with the SSD staff has been revised, and job descriptions for all staff members have been developed together.

During the last quarter of the fiscal year, the SSD and the project staff developed a three-year District Development Plan. The main objective of this plan is to improve the health status in the district through capacity strengthening, improvement of access to services and quality of care. Besides the activities supported by the project, the MOH and other international donors will fund the major part of the activities. According to the development plan for the18 health districts in Tamatave province, the regional health directorate will develop a three-year plan for the region that will be submitted to the donors working with the MOH.

2. *Management Capacity*

The management at different levels is one of the most important project activities in terms of capacity strengthening. The activities were specifically focused on the management at the SSD level, CSB management including the cost recovery, and the management information system. It is encouraging that in reality, the SSD management team has become more organized, effective and progressively timely since weekly planning meetings have been held.

- ***Cost recovery:***

According to the MOH policy, a management committee appointed by the local administrative authorities must manage the health center. This committee, comprised of 4 people, including the health personnel, helps to ensure the cost recovery management at the health center level. One of the related activities supported by the project was provision of management training for the officially appointed management committees. Out of 28 health centers, 12 now have committees that have been trained by the project. This has brought an evident improvement on the CSB cost recovery system. The project management advisor and the SSD deputy chief have reinforced the training by follow-up visits in the field.

The MOH declared that all health centers in all the Districts must be audited by the end of September 2000. Despite the difficult access to most of the centers in Toamasina II, the district health staff with the TCSP help has tried to audit the 28 health centers despite a very limited timeframe to do so. In terms of cost recovery, the CSBs with trained management committees seem to have already demonstrated better management than some of the others, that have had some negative balances at the end of the month.

- ***Management Information System:***

Since January 2000, the health information system has been completely computerized using a Microsoft Access database developed by the TCSP. The HIS responsible is now entering the data from the monthly CSB activity reports directly into the computer. The database is regularly updated and available any time, something that has been very helpful during the elaboration of the district development plan. However, the capacity of the program officers in effective use of data as an aide in the planning of activities still needs to be reinforced.
For now, the management systems for cost recovery, logistics and personnel are still on the way to be computerized with the help of the management advisor. Consequently the SSD staff computer skills need to be greatly improved in order to make computer-use more useful.
To help the SSD staff to use computers more effectively, since July 2000, on the job training has been implemented for those who are motivated to use computers as a tool.

The SSD HIS responsible and the project staff management advisor attended a sharing experiences workshop on HIS in July 2000. The DIRDS of Fianarantsoa has organized this workshop, and the objectives are to identify problems and difficulties related to the current monthly activity report form designed by the MOH for the health centers, and to develop recommendations. This was a real opportunity for the participants to share experiences with other SSDs.

- ***Program Management training:***

The SSD deputy chief and program officers have benefited from a five days training on program management in April 2000. The training was focused on personnel development, program design and coordination, quality management, communication management, motivation and supervision, time and meeting management, conflict management, financial management, and management of change. Since then the project/SSD team has better understood how important the team spirit and good management is.

- ***Job description validation:***

During the annual work plan workshop in January 2000, the SSD organizational flow chart has been reviewed, meanwhile the participants have developed the job descriptions for all SSD staff members. The respective staff member has validated these job descriptions four months later.

- ***District Development Plan 2001-2003:***

In order to develop a regional and national health matrix plan with the donors, all the SSDs throughout the country have been asked by the MOH to design their own development plan. With technical assistance from the TCSP, the SSD of Toamasina II came up with their three year development plan document. The first step involved data gathering, not only on health but also on social and economical issues in the district. Computer tools have been very helpful during this stage. Afterwards, in July 2000 a three days workshop involving the SSD team, the project technical staff, administrative local authorities and responsible from different sectors (education, agriculture, energy, regional government, national assembly, ...) developed the main strategies for the next three years in order to improve the population health status in the district.

Facilitated by the CS project director, the DDP workshop participants have tried to determine the main health problems in the Toamasina II District based on the HIS data and other data from different sources in other sectors. Priorities have been identified, and consequently the team has developed a strategic plan for the period of 2001-2003.

The regional directorate has approved the final district development plan document, which also includes the CS project activities.

- ***Audits of CSBs***

With regard to management at the CSB level, the MOH has declared in August 2000 that all the health centers in all districts throughout the country must be audited regarding finance and logistics. In the Toamasina II district, the SSD staff members regardless of their position, with the help of the project management advisor, and under the supervision of a Director from the central MOH, have audited the 28 CSBs in less than a 4 week period. According to the findings of the audits, any CSB with an unjustified negative balance (above a certain amount) regarding the cost recovery was officially closed until the commune or the CSB agent paid back the difference. Indeed, the problem occurred in the CSBs where the management committee is not functioning well. Actually, it was noticed that there was no problem with the CSBs managed by trained management committees. In those areas with untrained management committees, however, some problems had arisen where people were too poor to pay, and yet had still been given treatment and medications by the health personnel, which would leave a difference in the cost-recovery expected and actual receipts.

3. IMCI Interventions

Up to now, the IMCI training targeting the health personnel at the health center level has still not been performed because the IMCI activities must follow the MOH guidelines. Since formal training has been forbidden, the MOH technical staff (with the help of some international NGO partners) are still developing the IMCI self-learning modules for health agents. Hopefully, the modules will be available by January 2001. However, the project cannot afford to keep waiting around, and consequently it has started to implement community based IMCI by working through community animators. The first community based IMCI training for CVA was conducted in September 2000. The CVA activity is focused on home-based case management and danger sign recognition.

a. Malaria intervention:

Given that the supply of bed nets is still not assured in Madagascar (because of political bureaucracy) and despite the existence of community structures (women's groups, CVAs), the malaria intervention has been limited to promotion of prevention activities through community structures and the CTC approach. Some contacts with associations already implementing impregnated bed net distribution has been done just for sharing experiences, including ASOS in Brickaville, and Women's groups in Fenerive Est.

In reality, the MOH is still expected to implement a national program through the "roll back malaria initiative? and thus be willing to collaborate with a capable organization for a national mosquito net distribution campaign.

b. Control of Diarrheal Diseases:

Despite health messages being disseminated through posters and radio broadcasts, and despite the MOH health measures in the provinces, as expected the cholera outbreak still reached Toamasina region in March 2000. The project focused considerable attention on the field training for 7 different "hot-spot" locations, targeting CSB agents and local authorities. Logistical support has been provided to the SSD by providing transport during "punctual

response" interventions (by car or boat) and in supplying small equipment for CSB cholera treatment centers (cholera-treatment beds, sphygmomanometer , stethoscope, plastic pots, plastic gloves, masks, plastic apron). The outbreak was brought under control in the district by July 2000 with 24 official cases and 5 deaths. An IEC campaign on cholera is still going on through national radio broadcasts, community structures and CTC activities.

CDD is an important focus of activities for the community animation groups. The community animators are promoting small, but feasible and important actions such as hand washing, use of safe water to prevent diarrhea in the communities. A closer collaboration between the local authorities and the CSB chief is now needed to strengthen and reinforce the regulations on latrine use.

c. Expanded Program of Immunization

The immunization is the child survival component that has been the most strengthened during the fiscal year 1999-2000. Activities were focused on national immunization campaign support and training for CSB agents and program officers.

- *AVA 1999:*

The polio eradication campaign was still going on with the national immunization campaign that started in September 1999. As immunization is one of the project main focuses, technical and logistical support has been a central component given to the SSD.

The second round of the national immunization campaign, especially on polio vaccine, took place in October 1999 and has combined with vitamin A distribution. Local authorities, health personnel and community structures have been effectively involved in this campaign. According to the service records, the District Health Service has achieved a polio coverage rate of about 97.6%, and the same for the Vitamin A distribution rate. The project has played an important logistical role in attaining this objective.

- *From June 2000, a grand EPI national campaign* has been promoted by the MOH. Related to that, the project reinforced the EPI activities through training on new EPI policy for the physicians newly appointed in the district. To strengthen the IEC activities, besides the community animator (CVA) efforts, the project provided the CSBs and the commune offices with IEC material such as posters, cards and immunization flags. Management tools such as temperature sheet and EPI infant cards have also been distributed to CSBs.

- *Refrigerator maintenance training*: In order to ensure at least the minimum repairing and maintenance for the refrigerators at the CSB level, the project has provided 18 CSB agents and the SSD EPI program officer with basic refrigerator repair and maintenance training in November 1999.

The regional cold chain responsible has facilitated the training. The participants have used their theoretical knowledge in practicing on real refrigerators. Each trainee had the opportunity to see how the machine works, and how to maintain the fridge in order to keep it working properly.

- *EPI supervision activities* have been done in some CSBs by the project IMCI advisor I conjunction with the SSD EPI responsible. By now, the team has supervised the five CSBs with the lowest coverage rates. The supervision activities are still going on in order to find out what are the other obstacles for the CSBs to increase the coverage rate and to improve the EPI activity management.

By the end of the FY 1999-2000, the SSD of Toamasina II has reached a vaccination coverage rate of 72.5% among children 0 to 11 months old for DTCP3, and 71.4% for measles (Soure: HIS – SSD Toamasina II, 2000).

4. Community Health Interventions

Due to the MOH notification restricting formal training for CSB agents, the project has focused most of the activities on community-based interventions. The first set of CTC trainings for schoolteachers has been completed. The community animator trainings have started at the beginning of this fiscal year. And despite the lack of nutrition advisor for almost four months, the TIPs activities have now begun with some much better expectations.

a. Child To Child Approach:

The project has organized the first training of five schoolteachers CTC approach in Ambodiatafana in October 1999 for teachers from Toamasina suburb and Amboditandroho communes. It was a five-day training facilitated by the project community health advisor and the ZAP directors. The training was focused on IEC techniques and the CTC approach per se. Afterwards, a set of 4 trainings for schoolteachers has been held:

. November 1999 for teachers from the communes of Antetezambaro and Foulpointe
. January 2000 for teachers from Fanandrana, Fito and Ambodilazana
. March 2000 for teachers from Ampasimadinika, Amboditandroho et Andranobolaha
. April 2000 for teachers from Mangabe, Sahambala and Ambodiriana
. July 2000, CTC training for secondary school teachers.

For now 140 teachers from 88 primary schools and 6 secondary schools were trained in CTC approach. The CISCO is now intimately involved in all the CTC activities.

Follow up school visits have been informally performed in some schools while waiting for the workshop for developing the CTC activity supervision tools. However, the school activities apparently seem quite successful to date in most of the schools. The activities are based on peer education, and spreading health messages out of schools targeting the parents and the whole community.

In July 2000, The primary school in Andranobolaha has organized a show related to CTC activities. Through songs and drama, the children have tried to spread health messages on different topics such as cholera, STI/AIDS, immunization and malaria.

The Mayor, traditional leaders, teachers, representatives and a large audience enjoyed a marvelous show played by talented children.

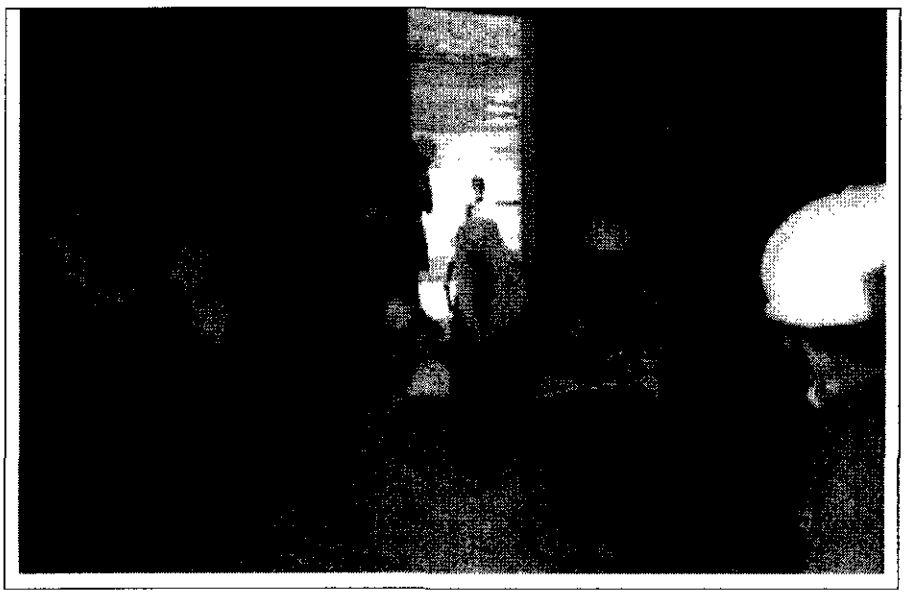
b. Community animation:

Setting up the network of Village Animation Cells (or groups) has been delayed because of the lack of involvement of the SSD. Indeed, some other SSD activities such as AVA campaign, setting up new physicians and management committees were regarded as the main priorities. Although the fact that these structures are very important for the health promotion and prevention, the project could only organize with the SSD the first community animators training in June 2000 in Ampasimadinika for 8 CSBs. The following training has been organized in Foulpointe in August 2000 for 5 CSBs. Thus initially the project has provided the community animators with IEC technical training with basic health components, and for now 27 village animation cells, with 3 animators per cell, have been trained and officially set up. They are working closely with the health agents in 13 health centers.

The CSB agents and the SSD program officers, who are supposed to supervise the community animation activities, have already been trained on IEC techniques in January 2000.

The community participation in cholera control was very strong despite the fact that no formal CVA group was in place when the program began, and despite the different traditional customs arising as issues because local authorities and traditional leaders have been completely involved in this process. The local authorities also benefited a one-day informational training with the health personnel in the field.

Since the CVAs have officially been in place, an improvement in community mobilization vis a vis immunization has been noticed in the areas where the health personnel have collaborated with the community animators. In many places, the CVAs are involved in community sensitization as well as in immunization outreach strategies with the CSB agents.



Among the different IEC techniques taught to the CVAs, this drama is an illustration of how the community animators are trying to spread the health messages on a specific theme, in this case, CDD.

5. Nutrition intervention

The nutrition activities were virtually on standby for approximately four months, until the project located new nutrition personnel in July 2000. However, the project still actively participated in the regional nutrition day organized in Ampasina Maningory (Fenerive Est) by the nutrition action group from Toamasina. The ceremony, chaired by the president of the Toamasina province and the regional health director, has gathered all the organizations working in nutrition and community approaches in the region. It was the first and biggest major activity the group has performed successfully.

a. In order to catch up the delay in project activities, one nutrition coordinator and one assistant were recruited to implement the TIPs activities. For the first three months, their role was specifically focused on setting up the TIPs approach. After a training on nutrition and negotiation technique, and with the material related to the TIPs research done in Madagascar, the team started the activities by site visits and women groups identification. By the end of September 2000, the TIPs has been piloted in 4 sites (Analamangahazo, Sahambala, Antenina II, Tanandava) within 4 different communes. Women group of 10 trained members has been set up in each site. The nutrition team comprised of 2 TCSP staff members and 1 from SSD-- has ensured the trainings for the groups, and performed one follow up visits for each of the 4 sites since the beginning of the activities.

Negotiation with the mother or the caretaker through successive household visits is a very delicate and important approach in implementing the TIPs approach. The follow-up visits give the mothers the opportunity to exchange points of view on improved practices with the counselor.

b. Also, the nutrition team has supervised 5 CSBs out of 28, of which three are CSB-1s (Analamangahazo, Antenina II, Sahambala) and two are CSB-2s (Andranobolaha, Ampasimadinika) during this last quarter. These are the first post-training supervision following the nutrition training for those who have received the training, and the first basic initiation on nutrition for the others. Given that formal training is forbidden, formative supervision has been done. Technical sheets focused on the nutrition essential actions were distributed to the CSB agents.

6. Project staff capacity building

a. November 9-12, 1999: Training in IEC material use for the nutrition advisor (by Linkages).

b. November 1999: Update training for two health advisors in IMCI (by JSI)

c. December 6-10, 1999: Project director participation to the CS Project Manager's workshop in Harpers Ferry, WV – USA (by CSTS)

d. February 2000: CS project staff participation in ADRA Madagascar strategic planning workshop.

e. February 7-11, 2000: the CS project director was invited to attend the Reproductive Health Quality of Care Conference in Entebbe - Uganda (by USAID South East Africa Regional Bureau).

f. March 7-13, 2000: the ADRA HQ Director for Health, Dr Jay EDISON, visited the project for technical assistance purpose. During his stay, he addressed the project approaches regarding child survival activities with

[redacted]

the project team and the health programs coordinator for ADRA Madagascar.

g. April 10-14, 2000: Project staff participation in the Program Management training (by ITEM)

h. June 6-9, 2000: New nutrition staff trained on Nutrition training of trainers and negotiation techniques (by Linkages)

i. June 2000: Field visits in Antsirabe II (JSI/Linkages sites). The objective of the site visits was to share experiences with the field personnel (SSD staff, health personnel at the CSB level, community structures) working with JSI and Linkages in the Antsirabe II District. Despite all the planning, the Toamasina II SSD staff could not participate in the site visits because of the urgent DDP preparation, and unfortunately the TCSP could not post-pone any further the schedule. For the same reason, the Betioky District has cancelled the ADRA CS plan to visit the MCDI site.

j. August 14-18, 2000: Project Director participation in the Reproductive Health Millennium Conference in Nairobi/Mombassa (by NGO network)

k. August 21-25, 2000: Participation of the CS project director in the Conference on "Leadership: the challenge of HIV/AIDS" in Lusaka - Zambia (by Africa-America Institute/USAID)

l. Since August 2000: English language training for SSD and project staff – The objective of the language training is to give each of the project personnel the ability to communicate with the English speaking foreigner

7. Partnership

a. The "Groupe d'Action Intersectoriel en Nutrition à Toamasina " (GAINT) initiated by ADRA and SEECALINE in June 1999, is one of the active NGO platforms in Toamasina. The group meeting is giving the opportunity for all the NGOs working in nutrition and community approaches to share experiences and to better coordinate the interventions. Monthly meetings are still going on, and the next step after the celebration of the regional nutrition day in May 2000 is to formalize the group existence.

b. USAID Mission visit: in October 1999, the HPN Director from USAID Madagascar mission has visited some of the project sites and gained an overview of the ADRA Madagascar interventions in Toamasina II.

c. STI/AIDS meeting in Antananarivo: In October 1999, the MOH has held a three-day meeting on STI/AIDS better practices and experiences in Madagascar gathering the donors and the actors in the filed. The health programs coordinator has represented ADRA project at this meeting in expectation of the future ADRA CS project AIDS component.

d. USAID/BHR/PVC staff member: Mr Nitin MADHAV from BHR/PVC Washington visited the CS project in November 26, 1999. The purpose of his visit was to better understand the project approaches and the reality in the field. While here, he also attended a CTC training for schoolteachers and visited communities in Toamasina II.

e. JSI/ADRA collaboration: the two organizations have signed an MOU in June 2000 regarding FP and MCH activity strengthening in the ADRA Child Survival and the ADRA Food Security project areas. JSI intervention will largely be focused on technical assistance and supply of IEC materials.

f. UNICEF/WORLD BANK visit: In regard to WB and UNICEF future collaboration, a delegation from these organizations visited Toamasina and discussed separately with NGOs working on nutrition including ADRA. The objective of the visit was to learn more about the nutrition approaches in each NGO , but also to assess how the NGOs comprehend the WB and UNICEF funded nutrition projects and to get the NGOs suggestions on better approaches according to the lessons learned.

g. JSI/LINKAGES visit: Representatives form the two organizations have visited the ADRA CS project in March 23, 2000 in regard to the future collaboration between the three NGOs on reproductive health and nutrition.

h. JSI visit: according to the MOU between ADRA and JSI, and befor the activities started, two technical staff from JSI visited the CS project in September 2000 in order to develop with the project staff the first short term action plan. Also, a CSB within the project site has been visited to

especially have an idea on how the family planning service was actually run (CSB level, community based level).

CONSTRAINTS

❖ MOH policy on training

Regarding specifically the trainings for the CSB agents, since the MOH has forbidden formal trainings in February 2000, the majority of the formal training activities scheduled for the fiscal year 1999-2000 have been cancelled, or postponed until the law changes. The newly appointed CSB physicians suffered a lot during this situation because of their role as a CSB chief, that is not only treating people, is very new for them. The one-day monthly meeting is not sufficient at all to provide the health personnel with enough capacity.

❖ MOH/SSD versus Project activity plan:

Even though the project activities have been incorporated into the SSD annual work plan, implementation could not be effective as planned. Indeed, because of unforeseeable priorities from the MOH, project activities have been often delayed or even cancelled. In fact, it is not an unwillingness of the district health team at all.

❖ Training modules:

As the MOH is promoting the self-learning methods, the project is now targeting the public sector to encourage them to adopt this approach. However, the different modules for the assisted self-learning are not yet ready. Also, this method seems difficult to be applied in some health training domains such as IMCI, which is one of the major components of the Child Survival.

❖ Unavailability of mosquito nets:

The malaria intervention through promotion of insecticide treated nets could not start as expected due a non-availability of the nets. Indeed, although the MOH has already agreed to contract the net distribution with an international NGO working in Madagascar, the ministry has decided to reconsider the offer, and then the program is still on stand by.

❖ Availability of goods:

The project is supposed to provide the health centers with small medical equipments, and some of them have been already purchased and given to the CSBs. But because of the high price or the poor quality of some other items such as weighing salter scale, medical instruments, the project decided to search through international suppliers that the procedures take longer time to get done.

a. Mid-term evaluation

b. CSB agent capacity building through formative supervision

c. Reinforcement of the FP activities through the JSI/ADRA collaboration

d. Expansion of the TIPs activities in other locations through the women groups

e. Improvement of the immunization coverage by an innovative combination of EPI-CTC intervention

f. Training experimentation using the Assisted Self Learning modules validated by the MOH

CONCLUSION

In spite of some unforeseeable events, the second fiscal year has been marked by the reinforcement of the partnership between ADRA and the SSD. The project activities have been largely focused on capacity strengthening. Therefore, the SSD level benefited more of the capacity building activities than the CSB level because of the MOH policy regarding an ongoing restriction in training targeting health personnel. However, the project gave support to any CSB activities regarding Child Survival. In spite of the lag during the first quarter of this fiscal year, the community-based activities have moved forward as expected on the action plan.

In reality, the CS project and the SSD are bound as a whole team and committed to succeed. The strengthened relationship allows this whole team to perform activities with the same expectation. The fact that the SSD could develop with the project staff a work plan including the project activities for the year 2000 shows to what extent the SSD is committed to make positive changes. Moreover, ADRA Madagascar through the Child Survival project in Toamasina II is expected to bring its support according to the district development plan 2001-2003.